

Healthy Families Indiana
Request for Waiver
Determination Form

Date Received by DCS: _____

For _____ HFI Think Tank review and
recommendation/state review and approval of the request process only:

Description of Request:

Waiver Approved: _____

Waiver Denied: _____

Decision Date: _____

Approval Period: _____

Reason(s) for waiver denial:

_____ The waiver would result in noncompliance with federal or state statutes or regulations.

_____ The waiver would jeopardize any procedural safeguard or rights of confidentiality.

_____ The waiver is a request for funds.

_____ The waiver will not result in improved service delivery to families and children.

_____ The waiver will result in restriction, violation, or limitation of the families who are determined eligible
or services.

_____ The waiver creates non-adherence to HFA standards which could negatively impact the HFI multi-site
system.

Further explanation: